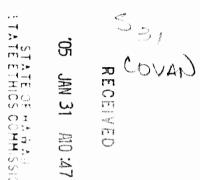
## THIS SPACE FOR OFFICE USE ONLY



## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org



## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			7	
NAME(Last)	(First)	(Middle)	TELEPHONE	
Slovin	Gary	М.	547-5600	
MAILING ADDRESS (Street	et)		FAX	
1099 Alakea Stre	547-5880			
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				
Goodsill Anderso	547-5600			
MAILING ADDRESS (Street)			FAX	
1099 Alakea Stre	. 547–5880			
(City)	(State)	(Zip Code)		
Honolulu	н	96813		

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU L	TELEPHONE	
Covanta Energy Group	973-882-7081	
MAILING ADDRESS (Street)	FAX	
40 Lane Road		973-882-7251
(City)	(State)	(Zip Code)
Fairfield	NJ 07007	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		S STATEMENT TELEPHONE
Paula Soos		973-882-7081
MAILING ADDRESS (Street)		FAX
40 Lane Road		973-882-7251
(City)	(State)	(Zip Code)
Fairf <b>ie</b> ld	NJ	07007

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
	Agriculture	Education	Human Services	Science, Technology & Economic Development		
	Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
	Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employment	Transportation		
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
х	Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
L						
PAR	TIV CERTIFICATION OF	LOBBYIST				
			to the best of my knowledge, co	orrect and complete.		
	7		,	and compress,		
I	Jany M.	Slow				
	(Sign	ature of Lobbyist)	(Da	ate)		
DAD:	TV AUTHODIZATION TO	LORRY				
PAR'		LOBBY	TITLE OF AUTHORIZING OFFICER O	DE DEBEGON DEBBEGONTED		
NAME			TITLE OF AUTHORIZING OFFICER	DR PERSON REPRESENTED		
Pa	ula Soos	Senior Director, Government Relations				
NAME OF ORGANIZATION (if applicable)			TELE	PHONE		
				·		
Covanta Energy Corporation				73-882-7081		
MAILING ADDRESS (Street)			FAX			
	,					
40	Lane Road		9	73-882-7251		
	(City)	(State)	(Zip Code)			
Fa	irfield /	NJ	07007			
I hereby authorize/the above - named person to engage in lobbying activities on behalf of the undersigned.						
Manual of the andersigned.						
	(Signature of Authorizing	g Officer or Person Represente	ed) (De	ete)		
	12.9	g				